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Patent

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X Declaration Submitted with  
Initial Filing OR  
\_\_\_\_ Declaration Submitted After  
Initial Filing (Surcharge under  
37 C.F.R. § 1.16(e) Required).

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Application No.: Not yet assigned  
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Art Unit: Not yet assigned  
Examiner Name: Not yet assigned

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
NONPLANAR TRANSISTORS WITH METAL GATE ELECTRODES

the specification of which

X is attached hereto.  
\_\_\_\_ was filed on (MM/DD/YYYY) \_\_\_\_\_ as  
United States Application Number \_\_\_\_\_  
or PCT International Application Number \_\_\_\_\_  
and was amended on (MM/DD/YYYY) \_\_\_\_\_.  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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## APPENDIX A

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